

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-14-03.

I. DISPUTE

Whether there should be reimbursement for CPT code 23466.

II. FINDINGS

In a letter dated 7-8-02, the respondent indicated that, "Documentation does not meet the criteria for reimbursement of code 23466, see CPT descriptor. However, an additional 25% is allowable on code 29823."

CPT code 23466 is defined as "Capsulorrhaphy with any type multi-directional instability." A review of the operative report supports service, reimbursement of 50% of MAR of \$2023.00 = \$1011.50 is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code (23466) in the amount of **\$1011.50**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$1011.50** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 28th day of December 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division